2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# V23127

Entity Name: ASSOCIATION INSURANCE MANAGEMENT UNDERWRITERS, INC.

Current Principal Place of Business:

1117 THOMASVILLE RD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 12099
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-0912250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, SAMUEL B SR
1117 THOMASVILLE RD.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DBM	( ) Delete
Name:	ROGERS, SAMUEL B. SR, .	
Address:	3710 GELWAY DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	DEVP	(X) Delete
Name:	FOREHAND, HARRY B. J, R.	
Address:	19924 GULF BLVD	
City-St-Zip:	INDIAN SHORES, FL 33785	
Title:	TCFO	( ) Delete
Name:	ROGERS, SAMUEL B JR	
Address:	1741 MARSTON PL	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	CEO	( ) Delete
Name:	GUNTER, WILLIAM	
Address:	1117 SAVANNAH TRACE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	EVP	( ) Delete
Name:	VAUGHN, KEVIN	
Address:	9025 GLEN EAGLE WAY	
City-St-Zip:	TALLAHASSEE, FL	
Title:	S	( ) Delete
Name:	VAUGHN, IRA RODERICK	
Address:	1832 OXBOTTOM LANE	
City-St-Zip:	PENSACOLA, FL 32512	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM ROGERS, SR. DBM 03/17/2006

Electronic Signature of Signing Officer or Director Date